

TOWN OF WESTFORD

Building Department

APPLICATION FOR PERMIT TO BUILD AN ADDITION, ACCESSORY STRUCTURE, RENOVATE EXISTING STRUCTURE OR FOR A USE AND/OR SIGN PERMIT, IN ACCORDANCE WITH THE STATE BUILDING CODE AND LOCAL PROTECTIVE BY-LAW OF THE TOWN.

This application and PLOT PLANS specification structural drawings must be filed with the Building Inspection Dept. Incomplete applications will not be acted upon. No Building Permit will be issued until all required approvals have been obtained including issuance of the Sanitary Permit and Driveway Permit and payment of the required building permit fee.

Map & Lot No.: _____ Zone: _____ Date Filed: _____

(PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION)

1. OWNER OF PROPERTY: _____
2. ADDRESS OF OWNER: _____ Phone: _____
3. ADDRESS OF PROPERTY: _____
4. LOT SIZE: SQ. FEET: _____ IF IN SUBDIVISION, LOT. NO. _____
5. LOT DIMENSIONS: _____ X _____ X _____
6. Name of Architech: _____ Phone: _____
7. Address of Architech: _____
8. Name of Contractor: _____ Phone: _____
9. Address of Contractor: _____ Lic. No. _____
10. Use of Addition or Accessory Structure: _____ Reg. No. _____
11. Overall Dimensions of Proposed Structure: _____ X _____
12. No. of Stories: _____ Height: (From Ground Level to Rooftop) _____
13. Type of Foundation and Dimensions: _____ Footing Size: _____ Thickness: _____
14. What Material Will Structure Be Built Of: _____ New Floor Area in Sq. Feet: _____
15. Size of Roof Rafters: _____
16. Exterior Walls (Thickness): _____ Size of Floor Joists: _____
17. Span of Floor Joists: _____ Distance on Center: _____
18. Total No. of Rooms: _____ Type of Heating: _____ No. of Bathrooms: _____
19. Setback From Street (Front Property Line): _____
20. Distance From Property Line: LEFT: _____ RIGHT: _____ REAR: _____
21. Present Use and Occupancy of Existing Structure: _____
22. Material of Existing Structure: _____
23. Will Work Be Done Within 100' of Wetlands, Swampy, or Wet Area? _____
24. Estimated Cost: _____
25. If For a Sign Permit, indicate wording of proposed sign: _____
26. If for Use Permit, state proposed Use and Cite Applicable Section of Protective By-Law: _____
27. Remarks: _____

* MUST COMPLY WITH ALL ZONING SETBACKS

** Owner responsible for location of
septic system

(Signature of Owner or Authorized Representative)

Approved/Disapproved by Zoning Authority: _____	On: _____
Approved/Disapproved by Board of Health: _____	On: _____
Approved/Disapproved by Conservation Commission: _____	On: _____
Approved/Disapproved by Building Inspector: _____	On: _____

Building Permit Fee in the Amount of \$ _____ to be paid to your Town at the office of the Town Treasurer.

PERMIT NO. _____